

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
MR LAWRENCE G.
NICKNAME LAST SUFFIX
ROMO

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
2906 Wood Knoll
SAN ANTONIO, TX 78251

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
MR JOHNNY
NICKNAME LAST SUFFIX
REYES JR

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
7585 INGRAM Rd # 308 SAN ANTONIO, TX
78251

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(210) 681-0080

8 REPORT TYPE

☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☐ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year Month Day Year
07 / 01 / 2002 THROUGH 12 / 31 / 2002

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
12 / 15 / 02
☐ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

CITY COUNCIL, DISTRICT 6

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2003 JAN 15 AM 11:33

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Lawrence G. Romo

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2003 JAN 15 AM 11:33

17 NO REPORTABLE
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 290.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

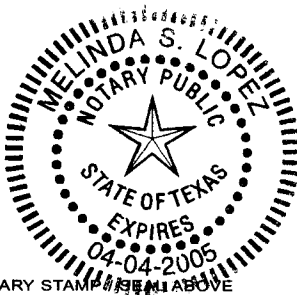
\$ 176.12

OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



AFFIX NOTARY STAMP HERE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Lawrence Romo, this the 15th day of January, 2003, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

Lawrence G. Romo

3 ACCOUNT # (Ethics Commission filers)

4 Date

8
Jul
02

5 Full name of contributor ☐ out-of-state PAC (ID#:

Les Hobgood

6 Contributor address; City; State; Zip Code

4414 PUTTING GREEN
SAN ANTONIO, TX 78212

7 Amount of
contribution (\$)

\$100.00

8 In-kind contribution
description (if applicable)

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2003 JAN 11 AM 11:33

9 Principal occupation (Optional)

Retired Military

10 Employer (Optional)

Date

12
Aug
02

Full name of contributor ☐ out-of-state PAC (ID#:

DICK & PAM DUESING

Contributor address; City; State; Zip Code

12539 ELM MANOR
SAN ANTONIO, TX 78230

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Airline Pilot

Employer (Optional)

Delta Airlines

Date

12
Aug
02

Full name of contributor ☐ out-of-state PAC (ID#:

BEN SIMMONS

Contributor address; City; State; Zip Code

8323 GREEN HAM
SAN ANTONIO, TX 78239

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Retired Military & Civil Service

Employer (Optional)

USAF Civil Service

Date

12
Sep
02

Full name of contributor ☐ out-of-state PAC (ID#:

Pedro Cardenas

Contributor address; City; State; Zip Code

210 HALBART
SAN ANTONIO, TX 78213

Amount of
contribution (\$)

\$20.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Health Social Worker

Employer (Optional)

Audie Murphy VA Hospital

Date

12
Sep
02

Full name of contributor ☐ out-of-state PAC (ID#:

Hal Basham

Contributor address; City; State; Zip Code

1985 First St West #2833
Randolph AFB, TX 78150

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Geologist & USAF Reserve Officer

Employer (Optional)

USAF Reserves

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

Lawrence G. Romo

3 ACCOUNT # (Ethics Commission filers)

4 Date

12
Sep
02

5 Full name of contributor

☐ out-of-state PAC (ID#)

MARVIN GRISSETT

7 Amount of
contribution (\$)

\$20.00

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

221 E. Byrd
Universal City, TX 78148

9 Principal occupation (Optional)

Retired Military & IVAF Employee

10 Employer (Optional)

Brooks City Base

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:**2** FILER NAME

Lawrence G. Romo

3 ACCOUNT # (Ethics Commission filers)**4** Date16
Jul
02**5** Payee name

United States Postal Service

6 Payee address; City; State; Zip Code515 Pierce Ave
San Antonio, TX 78208**7** Amount
(\$)

\$81.50

8 Purpose of payment (See instructions regarding type of information required.)

Postage Costs For Campaign Letters

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

26
Jul
02

Payee name

AFL-CIO (San Antonio)

Payee address; City; State; Zip Code

311 S. ST MARY'S ST #15 FL, ste E.
San Antonio, TX 78205Amount
(\$)

\$70.00

Purpose of payment (See instructions regarding type of information required.)

Advertisement Cost
for 2002-03 Directory

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

2003 JAN 15 4:11:33
CITY OF SAN ANTONIO
CITY CLERK
RECEIVED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

LAWRENCE G. ROMO

3 ACCOUNT # (Ethics Commission filers)

4 Date

10
Jul
02

5 Payee name

Walgreen Drug Store

6 Payee address; City; State; Zip Code

8202 Culebna Rd
San Antonio, TX 78251

7 Purpose of expenditure (See instructions regarding type of information required.)

MISC. Office Supplies

8 Amount
(\$)

\$24.62

☐ Reimbursement
from political
contributions
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)

☐ Reimbursement
from political
contributions
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)

☐ Reimbursement
from political
contributions
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)

☐ Reimbursement
from political
contributions
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)

☐ Reimbursement
from political
contributions
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

Lawrence G. Romo

3 ACCOUNT # (Ethics Commission filers)

4 Date
29
Sep
02

5 Payee name

Knights of Columbus

6 Payee address; City; State; Zip Code

2990 Military Dr
San Antonio, TX 78227

7 Purpose of expenditure (See instructions regarding type of information required.)

Sponsorship for Youth Chess Tournament

8 Amount
(\$)

\$200.00

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2003 JAN 15 AM 11:33